

#### **Children's Dental Services**

#### **Preventive Services**

	Is the service Covered?				
	Yes	Only with prior authorization	No	Frequency	List any service-specific limitations
Cleanings	Х			1 x 5 months	
Fluoride treatments (including fluoride varnishes)	Х			1 x 5 months	D1203 ONLY
Sealants (list any tooth-specific limits)	Х			1 x every 5 years	UP TO AGE 17
Space maintainers	Х				MUST DESIGNATE MISSING TOOTH #

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#### **Diagnostic Services**

	Is the service Covered?					
	Yes	Only with prior authorization	No	Frequency	List any service-specific limitations	Recommended age of first visit?
Dental examinations				-		
	Х				COMPREHENSIVE (D0150) LIMIT OF ONCE/PROVIDER	
X-Rays						
Bitewing	Х					
Full Mouth	Х			1 x every 5 years	FULL SERIES (D0210)	
Panoramic	Х			1 x every 5 years		

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#### **Treatment Services**

	Is the service Covered?					
	Yes	Only with prior authorization	No	Frequency	List any service-specific limitations	Criteria for coverage
Fillings		-				
Silver amalgam	Х				ONCE/SURFACE/TOOTH/YR	
Tooth colored composite	Х				ONCE/SURFACE/TOOTH/YR	
Crowns/tooth caps						
Stainless steel crowns	X					
Metal (only) crowns	Х					
Metal/porcelain crowns	Х					
Porcelain (only) crowns	Х					
Root Canals (endodontics)						
Root canals on baby teeth (pulpotomies)	X					
Root canals on permanent teeth	Х					
Gum (periodontal) therapy						
	Х					

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	ls th	Is the service Covered?				
	Yes	Only with prior authorization	No	Frequency	List any service-specific limitations	Criteria for coverage
Dentures						
Partial dentures	Х			1 x every 5 years	PA REQUIRED	
Complete dentures	X			1 x every 5 years	PA REQUIRED	
Bridges			Χ			
Orthodontics*	-			-		
Retainers (orthodontic)	X				ONE REPLACEMENT ALLOWED. PA REQUIRED	
Braces	X				COMPREHENSIVE/LIMITED TREATMENTS LIMITED TO ONCE/LIFETIME. PA REQUIRED	
Oral surgery						
Simple extractions	X				ONCE/TOOTH. PA REQUIRED FOR ASYMPTOMATIC AND 3RD MOLARS	
Surgical extractions	Х				ONCE/TOOTH. PA REQUIRED FOR ASYMPTOMATIC AND 3RD MOLARS	
Care of abscesses	X					
Cleft palate treatment	X				DEPENDING ON TREATMENT	

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	Is the service Covered?		red?			
	Yes	Only with prior authorization	No	Frequency	List any service-specific limitations	Criteria for coverage
Cancer treatment	Х				DEPENDING ON TREATMENT	
Treatment of fractures	Х					
Biopsies	Х					
Treatment of jaw joint problems (TMJ)						
	X					
Emergency room services provided by	a dentist					
	X					
Inpatient Hospital Services						
Anesthesia						
General anesthesia	X					
Intravenous conscious sedation	X					
Non-intravenous conscious sedation	Х					
Analgesia (nitrous oxide)	Х					

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\* When this information is posted on the Insure Kids Now website, we will include a special note for orthodontic services explaining that parents and caretakers should work with their child's orthodontist to ensure that the treatment and payment terms and conditions are clear at the outset of treatment (for example, what happens in the case of a child who becomes ineligible for Medicaid or CHIP while he or she is undergoing orthodontic treatment?).

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